

# North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services

**“Responsible Change Through Easy Access, Better Quality and Personal Outcomes”**

## 1915 b/c Waiver Project - Fact Sheet #2

The North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) in collaboration with the Division of Medical Assistance (DMA) are undertaking the expansion of a 1915 b/c Waiver Expansion Project.

The goal of the Local Management Entity (LME) Waiver Project is for DHHS to expand the existing 1915 b/c waiver currently managed by PBH to other parts of the state to ensure a replicated waiver can deliver accessible, appropriate, comprehensive, recovery focused, culturally competent, cost effective services of the highest quality through the same type of waiver, and over time based upon continued success expand the waiver statewide.

### **Work completed since the first “Waiver Fact Sheet”:**

- ❖ DMA & DMHDDSAS have a designated DHHS workgroup in conjunction with Mercer to work on waiver applications, Request For Application (RFA) and the LME review / selection process.
- ❖ On December 17, 2009, DMA officially submitted a 1915 b/c Waiver Amendment request to CMS for purposes of waiver expansion.
- ❖ Waiver Project Communication: DMA issued an announcement in their December Medicaid Bulletin; DMHDDSAS issued Communication Bulletin #106; and DMA and DMHDDSAS issued an announcement in Implementation Update #66
- ❖ The DHHS workgroup has begun preparing a RFA for LMEs who want to participate in the waiver process. Consumers and families will be involved in the application review and the waiver entity selection process.

### **Waiver FACTOID:**

- ❖ States often use 1915(b) waivers to create a “carve-out” delivery system for specialty services, such as mental health, developmental disabilities and substance abuse services. Independent assessments are required for the first two waiver periods to ensure that the waiver program is not negatively impacting beneficiary access and quality of services, and that the waiver is cost effective (cannot cost more than what the Medicaid program would have could without the waiver).

